



SEPTEMBER 22, 2005

HEALTH ADVISORY

Pertussis Cases Continue To Rise in North Dakota

Since Jan. 1, 2005, 113 cases of pertussis in 19 North Dakota counties have been reported to the North Dakota Department of Health (NDDoH). The majority of the cases are in adolescents. Fifteen cases have occurred in infants younger than 1 year of age. An increased number of cases have been reported in September, the majority of which have occurred in the central and western portions of the state. Montana and Minnesota also are experiencing a high volume of pertussis cases. Further investigation is underway to identify other cases in North Dakota.

Cases have been identified in the following counties since Jan. 1, 2005:

• Barnes: 1

• Bottineau: 1

• Bowman: 1

• Burleigh: 3

• Cass: 47

• Dickey: 2

• Emmons: 1

• Grand Forks: 6

• Hettinger: 2

• McKenzie: 1

• Morton: 2

• Mountrail: 1

• Pierce: 1

• Ransom: 3

• Richland: 3

• Rolette: 22

• Stark: 9

• Stutsman: 1

• Ward: 6

Adults, teens and vaccinated children often have mild symptoms that mimic bronchitis or asthma. Therefore, the Department of Health recommends providers consider testing for pertussis when evaluating any patient with an unexplained, prolonged cough illness or cough of any duration characterized by one or more of the following symptoms:

- Paroxysms
- Whoop
- Post-tussive gagging/vomiting
- Apnea

The NDDoH recommends that people presenting with the above symptoms be considered as presumptive pertussis and be treated.

Testing for pertussis should include a specimen for both culture and polymerase chain reaction (PCR). Pertussis testing kits are available at most major medical centers and public health units in North Dakota and from the Division of Microbiology of the NDDoH. The fee for pertussis testing through the NDDoH is \$45.

All people identified as contacts of confirmed pertussis cases, regardless of symptoms, should be placed on the appropriate antibiotics. Only the antibiotics listed on the attached Treatment Recommendations are effective in treating pertussis. The NDDoH will refer contacts to their primary care provider for evaluation and treatment.

Symptomatic contacts should be treated and reported; they do not need to be tested as they will be considered epi-linked cases and investigated by the NDDoH. Symptomatic contacts should be prescribed antibiotics and advised to exclude themselves from all activities (i.e., daycare, work, school) until medication has been taken for five days. Antibiotics should be prescribed even if laboratory results are pending. Guidelines for the treatment of pertussis and a pertussis fact sheet are attached.

The NDDoH strongly discourages the testing of non-symptomatic persons. This means if the person does not have a cough, there is no need for testing.

Diphtheria, tetanus and acellular pertussis vaccine (DTaP) should be administered routinely to infants at 2, 4, 6 and 15 to 18 months of age. A booster dose of DTaP should be given at 4 to 6 years of age. DTaP vaccine should not be given to children seven years of age and older.

In June, the Advisory Committee on Immunization Practices (ACIP) recommended the vaccination of adolescents against pertussis with tetanus, diphtheria and pertussis vaccine (Tdap). Two Tdap vaccines are FDA approved for adolescents. Boostrix®, from GlaxoSmithKline, and AdacelTM, from sanofi pasteur. The ACIP draft recommendations for Tdap can be found at www.cdc.gov/nip/vaccine/tdap/tdap_acip_recs.pdf.

Please refer to the Immunization Program website at www.health.state.nd.us/disease/Immunization for additional information regarding pertussis.

Please contact the NDDoH Division of Disease Control at 701.328.2378 or toll-free at 800.472.2180 with any questions or concerns regarding this issue.

Categories of Health Alert messages:

- <u>Health Alert</u> conveys the highest level of importance; warrants immediate action or attention.
- <u>Health Advisory</u> provides important information for a specific incident or situation; may not require immediate action.
- <u>Health Update</u> provides updated information regarding an incident or situation; no immediate action necessary.
- <u>Health Information</u> provides general information that is not necessarily considered to be of an emergent nature.

This message is being sent to local public health units, clinics, hospitals, physicians, tribal health, North Dakota Nurses Association, North Dakota Long Term Care Association, North Dakota Healthcare Association, North Dakota Medical Association, and hospital public information officers.